PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

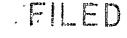
P00000007951

1. Corporation Name

WARING BROTHERS OUTDOOR, INC.

Principal Place of Business

Mailing Address



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1416 S LAKE PLEASANT ROAD APOPKA FL 32703			1416 S LAKE PLEASANT ROAD APOPKA FL 32703		F-3 67-2 24			
If above	addresses are incorrect in any way,	line through incorrect	information and on	tor correction below	HEN	ISTATEME	NT 02-03	
2. New P	rincipal Office Address, If Applicable	3. New Mai	ling Office Address	if Applicable	4. Date Incom	porated or Qualified		
Suite, Apt	#, etc.	Suite, Apt. #	Suite, Apt. #, etc. City & State			To Do Business in Florida 01/18/2000 5. FEI Number		
City & Sta	te	City & State						
		Oity & State	Ony & State		59-3632598 Applied Follows Not Applicable 6.			
Zip Country		Zip	Zip Country		CERTIFICATE OF STATUS DESIRED Core for a Certificate of Status			
7. Names	and Street Addresses of Each Office	er and/or Director (Flo	orida nonprofit corp	orations must list at lea	ast 3 directors)			
Title(s)	Name of Officers		Street Address of Each Officer and/or Director		1	City / State / Zip		
P	P WARING, ROBERT S		1611 YVONNE ST		APOPKA FL 32703			
S	WARING, MICHAEL L		205 BARRY CT			LONGWOOD FL 32779		
_ ,	•							
					500013271415 02/28/0301045016 **900.00			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent Name				
WARIN	IG, MICHAEL L			Name				
1416 S LAKE PLEASANT ROAD APOPKA FL 32703				Street Address (P.O. Box Number is Not Acceptable)				
A 011	VA 1 L 32/03	Suite, Apt. #, Etc.						
				City State Zip Code				
0. I, being	appointed the registered agent of th	e above named corpo	ration, am familiar	with and accept the obl	igations of Section	on 607.0505, F.S. or 617.050!	5, F.S.	
ignature of egistered /		REGISTERED AGE	WEAR	URED		Date	7/03	
	that I am an officer or director or the statement application, the reason for the corporation have been paid and	receiver or trustee em dissolution has been d	powered to execute	e this application as proporate name satisfies the	ovided for in chap ne requirements o	oter 607 or 617, F.S. I further of section 607.0401 or 617.04	certify that when filing .01, F.S., that all fees	

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.